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We frequently observe temporary enlargement of the lips, which are due to eczema, erysipelas, sycosis parasitica, epithelioma, herpes, pustula maligna, and stomatitis, and also to inflammations of the various neighboring organs and tissues, and as a result of the irritation of worms; but these inflammations do not very often give rise to any serious or permanent hypertrophy, and in the larger number of these diseases the morbid process begins in, and is greatest in, the tissues of the derma and mucous membrane. I desire, in this paper, to call attention to a form of hypertrophy of the lips, in which the inflammation begins in its connective tissue framework, and which produces a permanent augmentation in its size, and in which the skin and mucous membrane are not involved. I shall also call attention, as a corollary, to certain other forms of inflammation in which the various other tissues and organs are concerned, and in which a permanent hypertrophy results. I do not, however, include the various ulcerative affections of these parts, as they generally involve

the more superficial tissues. I shall present the history of a case which came under my observation, and which shows well the course of the disease.

P. L., aged 22, was born in Ireland. His father died of a fever, when he was quite young, and he does not know of what disease his mother died, but states that she usually enjoyed good health. He never had any severe illness until he was nearly twelve years old, when he had a severe attack of asthma. This troubled him very seriously, so much so that he did not sleep sometimes for many nights. Though quite actively treated, he could only get temporary relief. These attacks had troubled him about a year, when he noticed that his upper lip gradually swelled, and in two months it had become fully four times its natural size. The physicians who attended him at that time leeched the lip, and ordered poultices to be continuously applied; but they did not materially lessen the size. He continued to have attacks of asthma, and after each attack the lip seemed more swollen than before. After the acute symptoms of the first attack had subsided, the lip was found to be permanently enlarged, and was quite unwieldy. From that time to this, being a period of about ten years, the lip had become swollen four or five times each year. When it first became acutely swollen, it was very much larger than it has ever been since. He noticed that after each acute attack the lip was slightly thicker than it was previous to it. These attacks came on very suddenly, sometimes seemingly caused by his asthma, other times without any known cause. They lasted generally about a fortnight, and, though not absolutely painful, they caused him considerable annoyance. He had consulted several surgeons in Ireland, and among them some eminent in their profession. They had advised numerous procedures; some partial ablation of the lip; others, the use of the seton; others, again, active counter-irritation. His parents would not consent that any operative procedure should be instituted, and preferred the milder measures of counter-irritation and leeching. He says that they applied leeches in considerable number in the first years of his trouble, and it was thought at one time that the swelling was declining; but an acute attack again came on, and all that had been gained was lost. They then tried counter-irritation quite vigorously.

Still it did not reduce the swelling in the least. A few years ago he came to this country, and, since his residence here, he has suffered much less from the asthma, but his lip has swollen from time to time, but not quite as frequently as it did when he was in Ireland. The surgeons who saw the case in Ireland were not of one mind as regards the cause of the trouble. Some of them explained it as being due to irritation of the upper lip in consequence of the expulsive effort at respiration, and this is the cause assigned by the patient himself. He says that for many days and nights he sat up in a chair, breathing with the greatest difficulty, and that, as his breath came out, it flapped the upper lip backward and forward like a curtain, and he thinks that this first caused it to swell.

He came under my observation early in 1871, and when first seen by me his lip was the seat of one of the acute attacks above alluded to. It was irregularly pyramidal in shape, its base being at the vermilion border, and its apex under the nose. In consequence of the extreme swelling, it was puffed out fully an inch and a half in advance of the lower lip, which showed a tendency to subside inwards slightly towards the teeth. In consequence of this everted condition of the lip, considerably more of the mucous membrane lining was seen than could be seen normally. The integument covering it was red and tender, and at its centre it was covered with slight crusts, in consequence of vesication by a mustard plaster which the patient had applied previous to coming to me. Upon examination, I found that the lip, which was fully two inches thick at its thickest part, or base, presented a tense resistant feel to pressure, and was quite red, and that, though not absolutely painful, was quite tender. It had been acutely inflamed then about two weeks. As the tenderness precluded a very minute examination, I ordered a weak lead and opium lotion to be applied, which reduced the acute swelling in about ten days. At this time the lip presented the appearances usually observed when not the seat of an acute swelling. The integument was perfectly normal in color, and, upon careful examination, was not found to be thicker than natural. It blended evenly with the mucous membrane, which was also normal in appearance and to the touch. The mucous follicles were not enlarged, nor did they secrete an abnormal quantity of mucus.

At the free margin of the lip, which was about one inch in advance of, and which slightly overlapped, the upper lip, it was fully an inch and half in thickness. This thickening could be distinctly felt, until it gradually ceased as the lip merged into the cheek, over the canine fossæ above, and as it merged into the continuous integument on each side. Upon firm pressure, a resistant feeling, such as is felt if we pinch a portion of indurated liver between the fingers, was recognized; but, as said before, it was not due to thickening of either the skin or mucous membrane. These latter tissues would, upon pressure, slide over one another, and then it was found that the connective tissue between these two tissues was the seat of the hypertrophy. It was evident that the orbicular muscle was not involved, from the fact that, although the motion of the lip was very much impaired, had it been enlarged it would have presented a clearly marked and readily appreciated enlargement, while the enlargement present was diffuse, and gradually shaded off until it was no longer felt. The physiognomy of the patient was very much disfigured by this deformity, and it was readily seen that the mobility of the lip was greatly impaired when he talked or smiled. The patient was able to elevate his upper lip by means of the facial muscles, and also to readily open and close his mouth; but the actions were done much more slowly than they are by other persons.

He said that the use of hot drinks and spiced food did not irritate the lip, and he, therefore, could not account for the exacerbations which he so regularly experienced. He remained under my observation some time, during which I did little for him other than administer tonics for a temporary debility, for he would not consent to an operation on the lip.

It is evident, from a perusal of this case, that the swelling was originally due to the local irritation, and it is interesting to determine the manner in which it was produced. According to the patient's statement, the lip was quite violently flapped backwards and forwards in his long-continued forced respiration, and, as we know that in violent paroxysms of asthma there is a very much relaxed condition of the facial muscles, particularly of the orbicularis oris, we can see how easily the cheeks and lips are moved in expiration and inspiration; and it may be added that very much the same condition

is observed in deep coma. Now, it is probable that this long-continued irritation of the lip reacted upon its vaso-motor nerves, producing a paresis of them; the result of this is a hyperæmia, and as a result of that, again, a proliferation of the connective tissue elements. It seems that there was no tendency at any time to the production of pus, or that the irritation was not sufficiently great for its production, so that, as a result of the paresis, we have a proliferation of the connective tissue elements in the stratum of that tissue, situated between the integument and the mucous membrane. Now, it seems that this paresis, once begun, showed a tendency to recur at intervals, and thus we account for the oft-repeated swellings of the lip, in each of which attacks more tissue was proliferated, and hence the lip became larger and firmer. We observe the same tendency to frequently recurring inflammations following upon a previous one of acute character, and it is probably to be explained partly by a permanent impairment of the vaso-motor nerve function, and partly by certain tissue changes, due to an altered nutrition. We may cite, as examples of this condition, mild and frequent attacks of epididymitis, following upon a former acute attack; acne rosacea, and the predisposition engrafted upon any portion of the integument by an attack of eczema to subsequent attacks; and also a frequently recurring erythema of the cheeks and legs after erysipelas.

It is an interesting clinical fact to know that this condition was due to asthma, and one, I believe, which is not generally recognized. My friend, Dr. Willard Parker, whose attention I called to this case, told me that he had met with a similar case, in which the upper lip became very much and permanently enlarged in a patient who had suffered severely from whooping-cough; so that, I think, we are warranted in concluding that any disease in which there is violent and long-continued coughing, or in which violent efforts are made in respiration, may induce this condition. Knowing, as we do, the nature of the enlargement and its deep-seated position, it is readily seen how powerless we are for its relief, unless we undertake operations or procedures which, perhaps, would not remedy the deformity, and might, perchance, render it only more unsightly.

There is an enlargement of the upper and lower lips which

is also occasionally met with, and which, I think, was first described by Prof. R. Volkmann,* of Halle, who has observed five cases of it. In this form, the lip gradually, and without much pain, becomes swollen and hard, and is not as readily moved as before, and the features become greatly disfigured. The inflammation begins in the mucous follicles, which become greatly enlarged, and can be readily seen and felt, and their excretory duct becomes very much dilated. The submucous connective tissue is also involved, consequently the swelling extends as far as the junction of the skin with the mucous membrane. In this form of enlargement, which, from its seat in the mucous follicles of the lip, Volkmann names *cheilitis glandularis apostematosa*, or *myxadenitis labialis*, abscesses and furuncular inflammation may supervene. I have never seen a case of it; but, in speaking of my case with Dr. Parker, he told me he had met with a case in an old gentleman which was similar in origin to those described by Volkmann. The upper lip was of an enormous size, the mucous membrane was thickened, and the mucous follicles were greatly enlarged and readily seen. And in this case, besides the deformity, the patient was greatly troubled by the excessive secretion of mucus, which was thick and viscid, and it often glued the lip to the other lip, so that very frequently, in the morning, the patient could not open his mouth until it had been freely bathed with warm water. So great was the annoyance that, as other measures failed, Dr. Parker excised the whole of the mucous membrane lining the lip, allowing the wound to heal by granulation, and the result was very satisfactory to the patient. Volkmann says that three of his five patients had suffered from syphilis; but he does not seem to consider it the cause of the inflammation. His cases were quite obstinate to treatment; two were not improved, but he says that three were cured in from four to eight weeks by iodide of potassium internally, and chlorate of potassa and mild cauterizations locally. It would seem that none of these five cases were as obstinate to treatment as Dr. Parker's case was.

There is also an enlargement of the lip which sometimes follows a similar enlargement of the nose, which was first

* "Einige Fälle von Cheilitis Glandularis Apostematosa (Myxadenitis Labialis)," *Virchow's Archiv.*, bd. 50, 1870, page 142.

described by Hebra,* who named it rhinoscleroma, in which the tissues slowly become enlarged and greatly indurated, and as a result there is great disfigurement. The invasion of the lip does not occur in the majority of cases, and the integument, which may either be normal in color or of a dark brown, may be studded with papules. The lesion in these cases is a cell-infiltration of a glio-sarcomatous nature into the papillæ and the corium.

There are also two other forms of permanent enlargement of the lips: the one due to varicosity of the veins or arteries; the other due to enlargement of the lymphatics. Besides the dilatation of the vessels, there is a coincident hyperplasia of connective tissue in these cases, which increases the enlargement and renders it permanent.

A case of the venous variety has been recently described by M. A. Michalski,† occurring at birth in a child. It involved a portion of the lower lip, and was coincident with an arterial erectile tumor of the scalp. This form of enlargement is generally congenital, is not amenable to mild treatment, and presents features by which it is readily recognized. The form of hypertrophy of the lip due to enlargement and dilatation of the lymphatics has been called by Virchow‡ makrochilie. It consists in an extensive enlargement of the lymphatics of the lips, and a consequent hyperplasia of connective tissue. Virchow describes a case observed by Billroth, in which large cavernous spaces containing lymph and fibrine were seen, together with an increased amount of connective tissue and slight hyphertrophy of the orbicularis oris. The enlargement had existed since childhood, and had been the seat of intermittent acute attacks similar to those observed in my case; but the swelling was of an elastic nature, and thus differed from that of my case. So that my conclusion, upon carefully studying it, was, as I have said, that the enlargement was due to a simple hyperæmia, and that the lymphatics were not actively in-

* "Ueber ein eigenthumliches Neugebilde an der Nase—Rhinoscleroma," *Wiener Medizinische Wochenschrift*, No. 1, January, 1870, and *American Journal of Syphilography and Dermatology*, April, 1870.

† "Tumeur érectile Veineuse de la muqueuse Labiale," *Gazette des Hôpitaux*, No. 81, 1871.

‡ *Die Krankhaften Geschwülste*, band iii. 492, 493. Berlin, 1867.

volved in the process. I was, however, struck with the somewhat similar clinical history observed in Billroth's case and in my own. These last two forms of hypertrophy are classed by Virchow under the head of "Angioma," and the second is probably allied in nature to elephantiasis.

From these observations, then, we may conclude that there are five forms of chronic hypertrophy of the lips due to change in the deep structures: the first due to cell-infiltration into the corium and papillæ; the second, to an increased development of the connective tissue stratum; the third, to a hypertrophy of the mucous follicles and the submucous connective tissue; the fourth, to angiomatous tumors, either arterial or venous; and the fifth due to lymph-angiomatous tumors. A knowledge of these facts, combined with care in the examination of the cases, will undoubtedly lead to an accurate diagnosis.

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